

The logo for HealthInsight, featuring the word "HealthInsight" in a blue, stylized script font. A light blue swoosh underline is positioned beneath the text, starting from the 'H' and ending under the 't'.

HealthInsight

a partnership for the future of health care

Health Information Technology Regional Extension Centers

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www.healthinsight.org

American Recovery and Reinvestment Act of 2009

HITECH

- Includes \$34B for incentives to physicians who use Electronic Health Records (EHRs) in a “meaningful” fashion
- Includes \$2B for the Office of the National Coordinator (ONC) to build support services
- HIT Regional Extension Centers (RC) to assist providers to adopt and “meaningfully” use EHRs

Regional Centers (RCs)

- RCs will begin operation in 2010
- HealthInsight RC will work with 1000 providers in Nevada and Utah, 2010-2011
- 1000 more in 2012-2013
- Additional providers beyond 2013

Priority Providers Defined by the ONC

- Primary Care Providers
 - Family Practice, Internal Medicine, Pediatrics, OB/Gyn (small urban and rural practices)
- Federally Qualified Health Centers, Rural Health Clinics, others serving underserved
- Primary Care Clinics associated with CAHs and public/non-profit hospitals

RC Services

- Hands-on, 1-on-1, customized assistance to ONC-defined priority providers
- General education to any provider
 - Website materials, informational calls
- Assistance to specialty providers

What is meaningful use?

- Provider must demonstrate “meaningful use” of EHR before receiving incentives
- Draft definition released from ONC
- Official definition to be released end of 2009

What is meaningful use?

2011 - E-prescribing and reporting on quality

% of patients with diabetes with A1c under control

% of smokers offered smoking cessation counseling

2013 - Greater use of EHR ordering features

Report on inappropriate use of imaging, etc.

2015 - Minimum levels of performance on reported measures

What is needed to get incentives?

- Use a certified EHR in a “meaningful” manner;
- Exchange health information to improve the quality of care
 - through a health information exchange (HIE), if available;
- Report on quality measures

Medicare or Medicaid Incentives

- Maximum
 - Medicare: \$44,000/provider over 5 years
 - Medicaid: \$63,500/provider over 6 years

Incentives – Medicare

- Payments can begin in 2011 for those meeting requirements
- No payments for those who adopt after 2014
- Disincentives begin in 2015

Incentives – Medicare

Meaningful Use Obtained	2011	2012	2013	2014	2015	MAXIMUM TOTAL
2011	\$18,000	\$12,000	\$ 8,000	\$ 4,000	\$ 2,000	\$44,000
2012		\$18,000	\$12,000	\$ 8,000	\$ 4,000	\$42,000
2013			\$15,000	\$12,000	\$ 8,000	\$35,000
2014				\$12,000	\$ 8,000	\$20,000
2015					0	0

Incentives – Medicaid

- An *eligible professional*, not hospital-based, at least 30% of patient volume attributable to Medicaid
- A pediatrician, not hospital-based, at least 20% of the volume is attributable to Medicaid
- Providers practicing predominantly in a FQHC or RHC with at least 30% of patient volume attributable to *needy individuals*

Incentives – Medicaid

Beginning in 2011, eligible providers may receive funding for:

- Purchase, implementation, and upgrade of technology
- Certain costs related to operation and maintenance

Incentives – Medicaid

- Maximum Medicaid Incentive:
 - Year 1 (2011-2016): \$21,250
 - Year 2: \$ 8,500
 - Year 3: \$ 8,500
 - Year 4: \$ 8,500
 - Year 5: \$ 8,500
 - Year 6: \$ 8,500
 - **Total Max:** **\$63,750**

Commitment to HealthInsight Regional Center

- 1400 Providers Intent to Participate
- 65 Letters of Support
 - Assistance with recruitment
 - Referrals to the Regional Center
 - Educational Outreach
- Funding

Implications for Nevada

- Basis for HIE
- Enhanced communication between providers (improved safety and quality)
- Jobs
- Stimulus dollars

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